

STANDARD PRECAUTIONS+

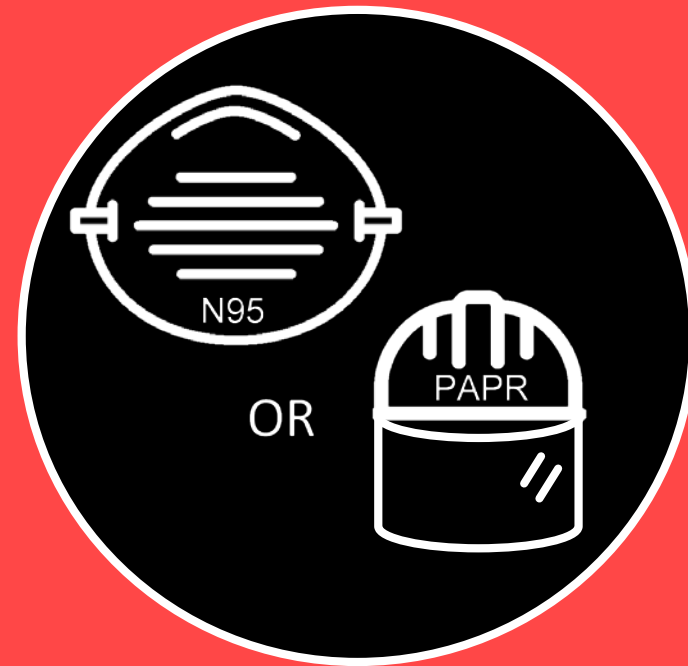
AIRBORNE ISOLATION

Prior to entering the room*:

*Visitors – see Nurse before entering



CLEAN HANDS



N95 OR PAPR

AIRBORNE ISOLATION

PATIENTS in AIRBORNE ISOLATION

- Place in a private Airborne Infection Isolation Room (AIIR)/Negative Pressure Isolation Room (NPIR) with DOOR CLOSED
 - Create work order for Facilities to change and monitor room pressurization daily—see ATD Standard (EOC Policy 3.1.2)
- Must REMAIN IN THE ROOM except for essential purposes (off-unit testing, surgical procedures, etc.)
- Must wear MASK (Not N95) over mouth and nose when outside the negative pressure environment

STAFF Caring for Patients in AIRBORNE ISOLATION

ISOLATION CADDY	Place caddy outside patient room containing:	• N95 RESPIRATORS (various sizes)	• POWERED AIR PURIFYING RESPIRATORS (PAPR)	• THIS SIGN															
WORKFLOW	<ul style="list-style-type: none"> • Clean hands prior to donning personal protective equipment (PPE) • Wear fit-tested N95 or PAPR upon entry and while inside patient room or care area • PPE Removal- PPE should be removed <i>outside</i> patient room or care area <ul style="list-style-type: none"> - Clean hands prior to removing N95 or PAPR - Grasp PPE in a manner that avoids contamination, remove and discard disposable PPE (Clean PAPR helmet with hospital-approved disinfecting wipe) - Clean hands again after removal of PPE 																		
High-Risk Aerosol-Generating Procedures (HRAGP)	<ul style="list-style-type: none"> • Must wear PAPR when entering room during and 1 hour after HRAGP <table border="1"> <tr> <td>HRAGPs include:</td> <td>Non-invasive ventilation (BIPAP/CPAP)</td> <td>Nebulized medications</td> <td>Laryngoscopy</td> <td>PFTs</td> </tr> <tr> <td>Bronchoscopy/BAL</td> <td>High Flow Nasal Cannula</td> <td>Chest physiotherapy</td> <td>Tracheostomy</td> <td>CPR</td> </tr> <tr> <td>Manual ventilation</td> <td>High frequency ventilation</td> <td>Intubation/Extubation</td> <td>Open suction</td> <td>Autopsy</td> </tr> </table> <p>NOT an HRAGP: Non-rebreather mask, Oropharyngeal or In-line suctioning, NG/OG placement, Coughing patient</p> <p>See "Guidance for Use of Personal Protective Equipment for High Risk Aerosol Generating Procedures" https://ehs.ucsf.edu/respiratory-protection-program-0</p>				HRAGPs include:	Non-invasive ventilation (BIPAP/CPAP)	Nebulized medications	Laryngoscopy	PFTs	Bronchoscopy/BAL	High Flow Nasal Cannula	Chest physiotherapy	Tracheostomy	CPR	Manual ventilation	High frequency ventilation	Intubation/Extubation	Open suction	Autopsy
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TRANSPORT	<ul style="list-style-type: none"> • Notify receiving department of isolation status prior to transport • Patient wears mask (Not N95; pediatric patients unable to mask- cover crib with clean sheet), a clean hospital gown, and cleans hands prior to exiting patient room or care area • Transporter removes PPE and cleans hands (per above workflow) prior to exiting patient room or care area 																		
ROOM CLEANING	<ul style="list-style-type: none"> • For occupied Airborne Isolation rooms, don and doff PPE as above and clean per standard cleaning procedures • Avoid room cleaning during and 1 hour after HRAGP • On discharge, keep room closed and vacant for appropriate duration to allow complete air exchange (1 hour if air exchange rate unknown), then enter using standard precautions- no need for N95 or PAPR. <i>Note: If room entry required before specified time has elapsed, N95 or PAPR must be worn.</i> • On discharge, <i>Hospitality</i> removes isolation sign when cleaning complete • On discontinuation of isolation or patient discharge, <i>Nursing</i> removes and cleans isolation caddy 																		
VISITORS	<ul style="list-style-type: none"> • Limit visitors to household members • Offer mask or N95 with instructions • Instruct visitors to clean hands before entering and exiting patient room or care area 																		

For additional information, indications for, and discontinuation of isolation, refer to "Standard and Transmission-based Isolation Policy" and "Isolation Table" at <http://infectioncontrol.ucsfmedicalcenter.org> or contact Infection Prevention at 415-353-4343.